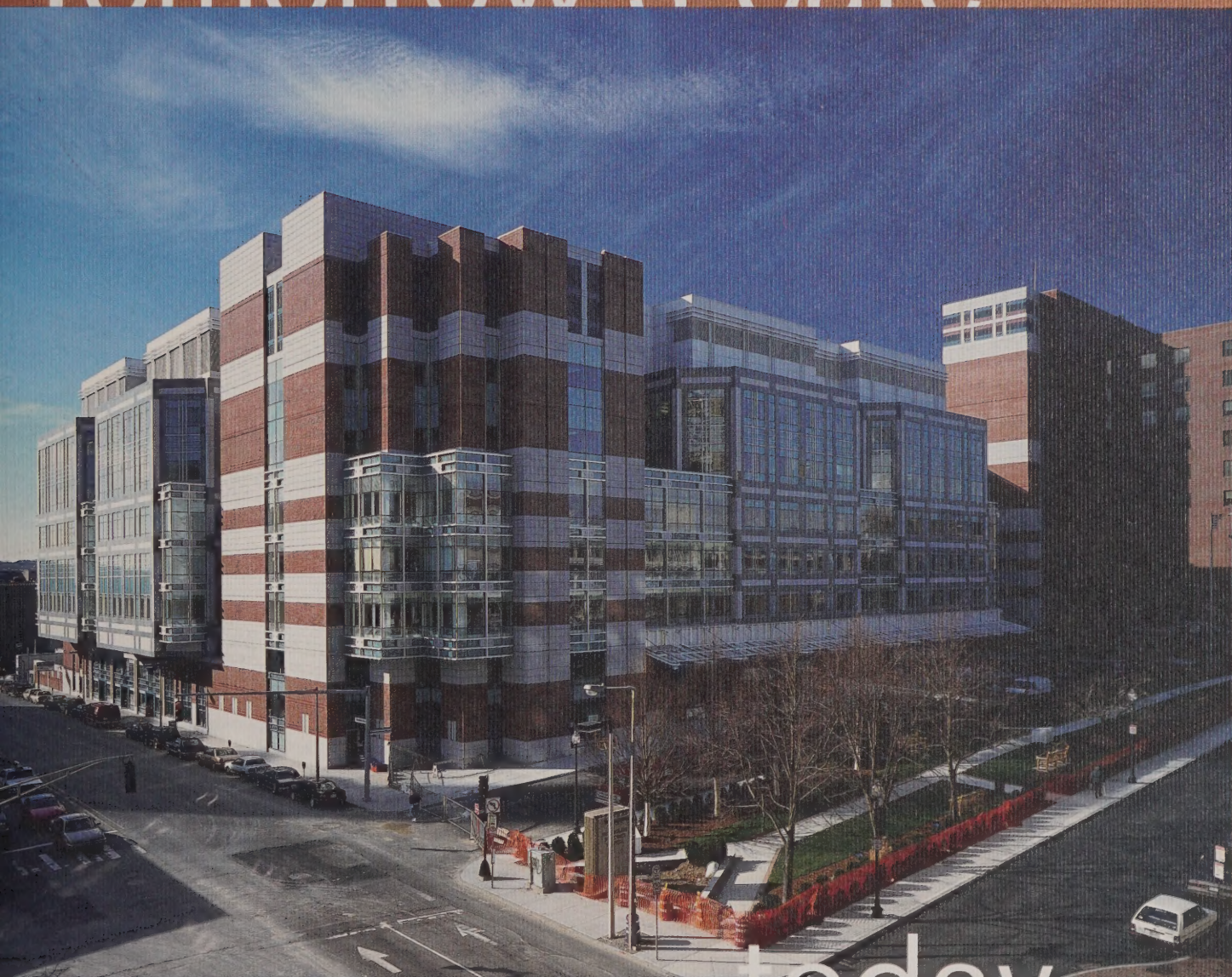


Deaconess Hospital

Tomorrow's care



today

1994
annual report

Pathway Health Network

This annual report marks a major transition not only for Deaconess Hospital, but also for the entire Deaconess family. Several years ago the board, together with administrative and professional staff, created a vision for the Hospital that enhanced our assets, nurtured existing programs, and developed new areas to address the future. Anticipating the changing health-care environment, we focused on creating alliances and collaborations with community physicians, hospitals, and health centers committed to enhancing patient care. This past summer these efforts resulted in the board taking bold steps, reorganizing the corporate structure, and creating Pathway Health Network—the formal alliance of the Deaconess, the Deaconess Professional Practice Group, New England Baptist, Deaconess - Glover, Deaconess - Nashoba, WalthamWeston Hospital and their associated physician groups.



John P. Hamill (left)
Chairman,
Board of Directors
Pathway Health Network

J. Richard Gaintner, M.D.
President and
Chief Executive Officer
Pathway Health Network

The vision also recognized the need for a new physical facility for the Deaconess and the commitment to the capital campaign that it would require. With the dedication of the new Clinical Center—made possible through the support of trustees, corporators, the business community, and grateful patients and their families, as well as the medical staff, employees, and volunteers—we begin a new chapter in the Hospital's nearly one-hundred-year history. This state-of-the-art clinical facility will provide a physical environment commensurate with the Deaconess' talented and dedicated medical, nursing, and other patient-care staff.

This time is also one of personal transition for us as we turn the Hospital over to the capable hands of Gregg Stone, chairman of the Board of Trustees, and Al Washko, president and CEO, to devote our full attention to the growing Pathway Health Network. We would like to thank the members of the Hospital board for their counsel and support during the past five years. We appreciate their willingness to continue to provide leadership and dedicate their time and many talents in their respective roles with the Hospital and the Network.

Today is also a milestone for the capital campaign—the first phase of which is completed with the dedication of the new Clinical Center. We must now turn our attention and our philanthropic efforts to another part of the Hospital's mission—research. Over the past five years, Deaconess physician-scientists have expanded successful research programs which now boast over \$30 million in annual funding from government and private sources. Furthering the development of these programs—contributing to the search for new knowledge and treatment for disease—is the focus of the second phase of the campaign.

While the next few years will bring new challenges for both the Hospital and the Network, we are confident that the common ideals that brought us together—the commitment to working collaboratively to increase value in health care—will allow us to flourish in the years to come. By focusing on patients and communities, and by linking primary, secondary, and tertiary services, we strive to provide the most appropriate care in the most appropriate settings. By building on Deaconess values, we have created a network where "science and kindness unite." We thank all of you who have helped us guide Deaconess Hospital during the past five years and look forward to continuing to work together to shape the future.

John P. Hamill
Chairman, Board of Directors
Pathway Health Network

J. Richard Gaintner, M.D.
President and Chief Executive Officer
Pathway Health Network

Deaconess Hospital

The Deaconess approaches its centennial year during a time of tremendous change for the Hospital, for the Professional Practice Group, and for the health-care system itself. It is within this environment that we assume our new responsibilities for leading the Hospital into its second century of compassionate care.

John Hamill and Dick Gaintner have left us an institution that is strong—both clinically and financially—and a physical facility that will enable the outstanding medical and nursing staff to truly provide “tomorrow’s care today.” As this report illustrates, the Clinical Center will help us serve patients more efficiently and comfortably. It will also help the Deaconess to continue to do what it does best—to care for the sickest patients with the most complex illnesses with competence and compassion. As John, Dick, and other board members move over to the Network, we want to thank them for their dedication, hard work, and vision. All these individuals have helped to build a Hospital in which we can all take great pride. We also give special recognition to Vince Vappi, who chaired the Building Committee throughout the Clinical Center project. A past chairman and longtime member of the board, Vince will be ending his tenure as a trustee this January. His insight and ideas will be missed.



R. Gregg Stone (right)
Chairman,
Board of Trustees
Deaconess Hospital

Albert B. Washko
President and
Chief Executive Officer
Deaconess Hospital

We also would like to acknowledge the trustees who will continue to work with us as we guide Deaconess Hospital through these changing times and to welcome five new colleagues: Kenneth S. Safe Jr., Karen Firestone, Peter Small, Shaw McDermott, and Frances Mosely. We also welcome Robert G. Norton, who joined us from New England Baptist Hospital to serve as executive vice president and chief operating officer. Bob is not only a terrific addition, but his presence is also a reminder of the synergies made possible by the Network. With this team and the reorganization of the Deaconess Professional Practice Group as a true multispecialty practice under the leadership of Dr. Glenn Steele Jr., the Deaconess is well positioned to realize even greater accomplishments in the years to come.

This year has been challenging and rewarding. This summer the Deaconess completed a major restructuring effort with participation of staff and employees in all disciplines and at all levels throughout the organization. Teams reviewed all operations: eliminating unproductive work and identifying ways to do everything more efficiently and effectively. The result was a \$27 million reduction in operating expenses. These major improvement efforts will be an ongoing part of the Hospital’s activities. Changes in reimbursement and the growth and penetration of managed care will continue to exert pressures on hospitals to reduce costs while maintaining quality.

Despite external pressures, the Deaconess will remain true to its four-part mission of clinical care, education, research, and community benefit. To accomplish this goal, the successful completion of the second phase of the capital campaign—to secure philanthropic support for research—is crucial. The creation of new knowledge is fundamental for an academic medical center. Sharing the results of that quest allows us to fulfill our commitment to our patients and our communities. Ensuring our continued ability to bring the successes of the research bench to a patient’s bedside will be a major focus of our efforts in the years ahead.

We would like to take this opportunity to thank all the members of the Deaconess community. Your hard work, commitment, and enthusiasm reaffirm founding deaconess Mary E. Lunn’s nearly one-hundred-year-old vision of “uniting science and kindness in combatting disease.”

R. Gregg Stone
Chairman, Board of Trustees
Deaconess Hospital

Albert B. Washko
President and Chief Executive Officer
Deaconess Hospital

“ The new ORs are wonderful.

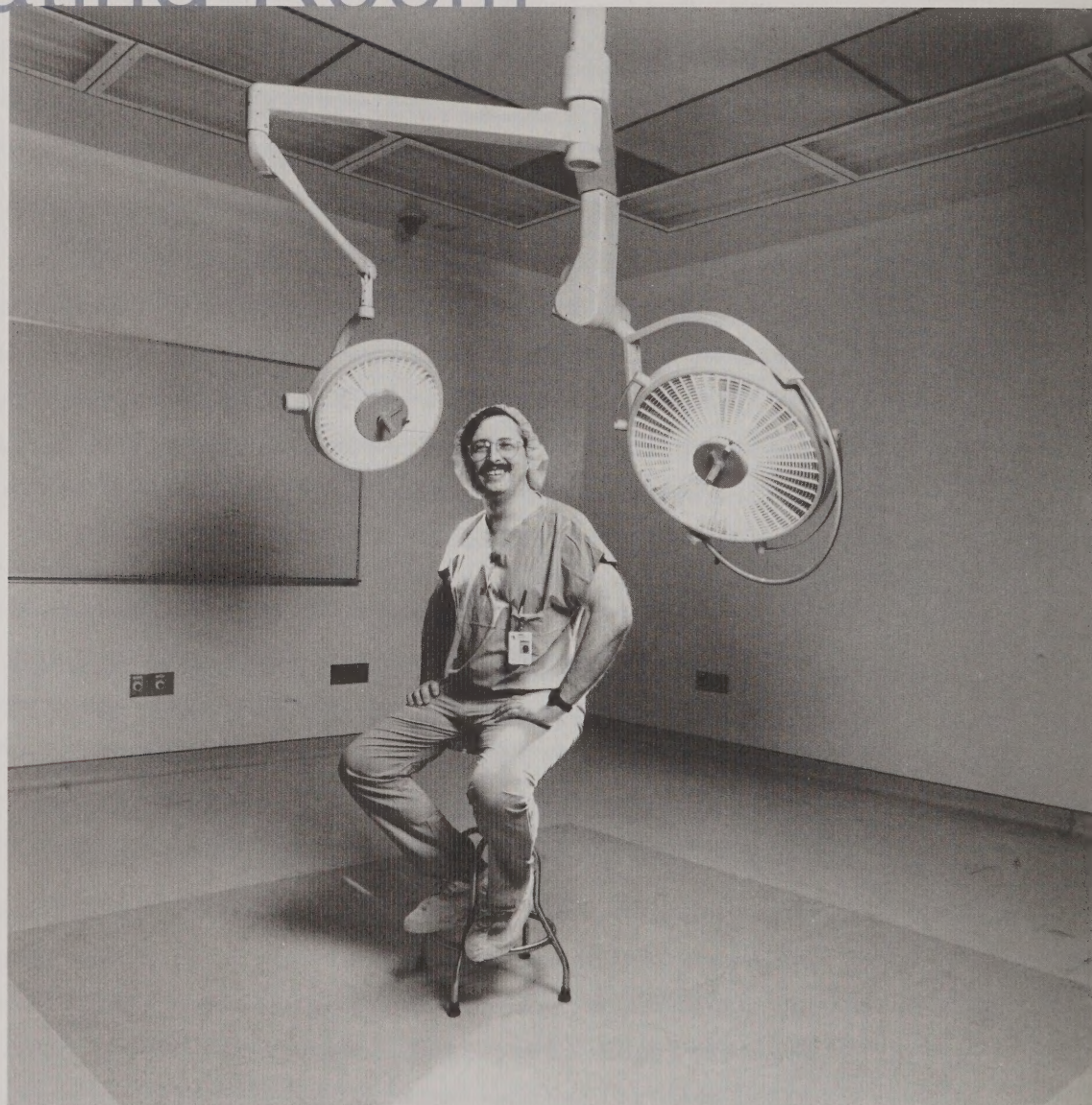
The space is just tremendous.

It will be easier to get around and to assist patients.

It will enable us to have a great
deal more contact with patients
and we hope make their experience
more comfortable.

Operating Room

Eugene J. Licardo,
chief anaesthesia technician



All the equipment and supplies will be located in one designated area,
which should make it easier for both the nurses and anaesthesia staff,
and there will be a monitor
so we all know what is going on simultaneously.

The Clinical Center provides us with
the opportunity to deal with a totally new environment,
functioning on a higher degree
and at a higher standard. ”

—Eugene J. Licardo

Tomorrow's care today

As this annual report is being written, lights are being hung, carpets are being laid, the canopy is being installed, and the final interior finishes of Deaconess Hospital's new Clinical Center are being completed. It is in this spirit—that of expectation and excitement—that we celebrate its opening.

More than a decade ago the Deaconess board, administration, and staff recognized that to continue to provide the quality care for which the Hospital was known, a new facility was critical. The requirements for the new building were prodigious—to uphold the Deaconess tradition of uniting “science and kindliness.” The new Clinical Center had to house the latest in state-of-the-art equipment, but equally important, it had to be a place where kindliness could be practiced alongside the science.

Such was the challenge presented to the building's architects, Shepley, Bulfinch, Richardson and Abbott of Boston. Seven years of planning, designing, and building went into ensuring that this structure not only meet Deaconess Hospital's high standards—allowing us to provide tomorrow's care today—but that it also have the flexibility to enable the talented, dedicated medical, nursing, and other patient-care staff to continue to offer high-quality care in the future.

With the growth of Pathway Health Network—the formal alliance of the Deaconess, the Deaconess Professional Practice Group, New England Baptist, Deaconess - Glover, Deaconess - Nashoba, WalthamWeston Hospital and Medical Center, and their associated physician groups—it has become increasingly important to collaborate and provide the most appropriate care in the most appropriate settings. As a tertiary facility, the Deaconess complements the community-based members. With the new Clinical Center at the apex of its care pyramid, Pathway Health Network can boast of a state-of-the-art facility at which high-quality, complex medical care is both accessible and affordable.

Bringing a building to fruition

A hospital building, like a good tool, works best when carefully fitted to the needs and preferences of those who use it. At the Deaconess that “fitting” process involved people from departments throughout the Hospital—including nursing, dietary, building services, pharmacy, and radiological sciences, as well as members of the medical staff—who were organized into sixteen design teams, forty-two activation teams, and one move team.

During the first phase of the planning effort, the design teams, charged with the task of contributing ideas for the new building that would enhance patient care, worked closely with the architects and engineers. Next, the activation teams stepped in to review operational plans to ensure that the new spaces were utilized in ways that maximized efficiency and allowed staff to care for patients better. Finally, the move team was responsible for coordinating the logistics for the physical occupation of the building. The benefits of this process accrue both for Hospital staff, who take advantage of a facility that they helped to design, and for patients, who receive care in this tailored environment.

The emergency room (ER) design team, for example, reserved space for an on-site radiological suite. Formerly, patients were transported for imaging procedures, or physicians used portable machines, which produced less than optimum quality films. With the capacity to produce needed images within proximity to the ER, diagnosis is expedited and patients receive care that is both more timely and more convenient.

Conventional ideas have been used in unconventional ways to boost efficiency and effectiveness throughout the Clinical Center. A pneumatic tube system interconnects all nursing stations and surgical areas with the Stat Laboratory and the pharmacy, greatly reducing the time required to transport materials by hand. In an average of thirty-four seconds, lab samples, pharmaceuticals, and paper can be delivered anywhere in the building. In addition, an electric dumbwaiter between the operating rooms and the pharmacy saves time running supplies. A Satellite Pharmacy on the surgical floors guarantees even quicker access to needed services. These innovative features were designed to leave the staff more time to spend with their patients.

From the beginning, the design of the new Clinical Center was an ongoing, interactive process that allowed the building's layout to become integrally linked to its uses. It has put into the hands of doctors, nurses, and all the caring personnel at Deaconess Hospital a tool that supports their ultimate goal: adding value to the care patients receive.

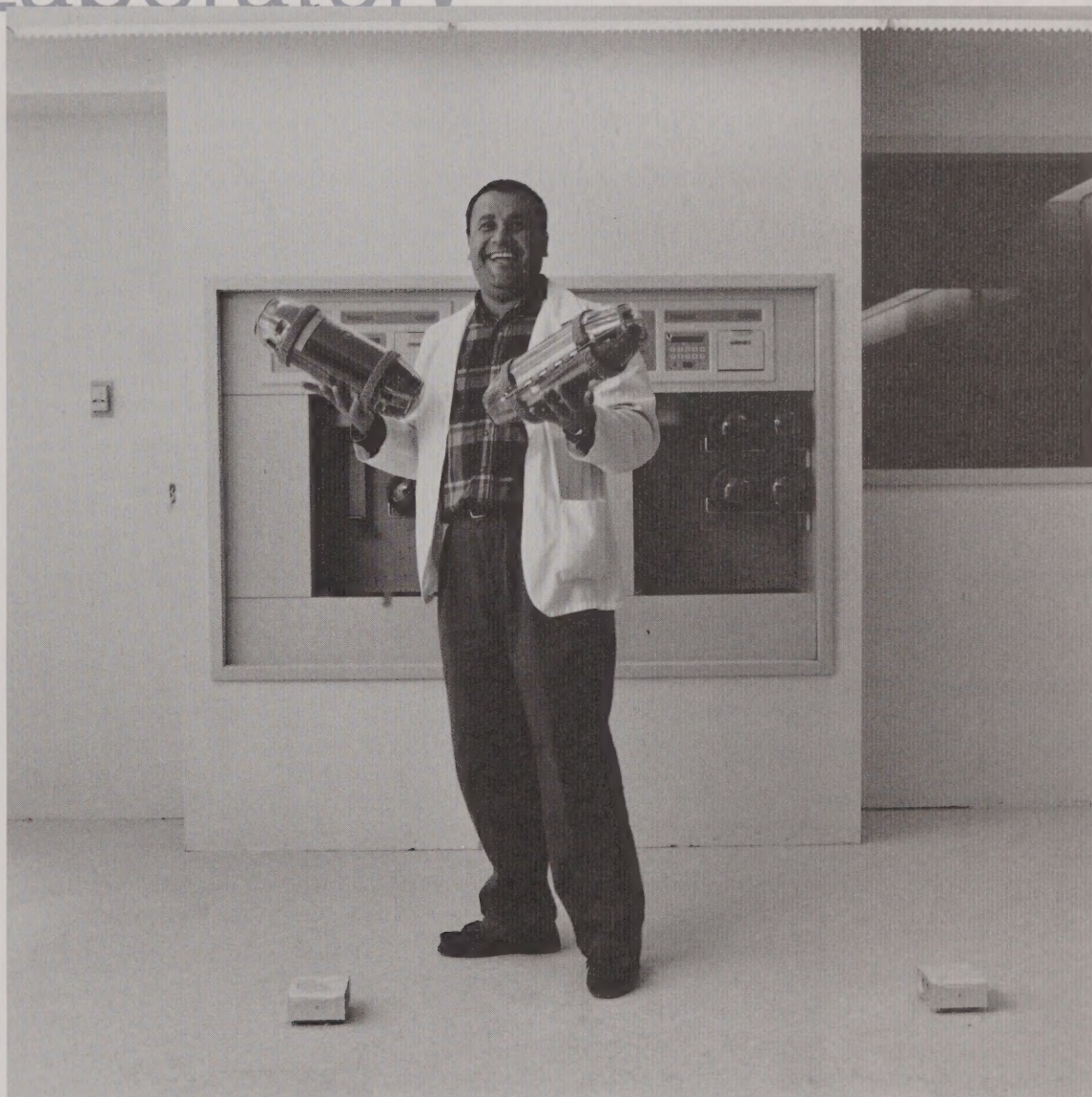
“ The pneumatic tube system is definitely going to increase efficiency.

Because each floor has access to the system, the turnaround time for processing samples will be much shorter, enabling physicians to have

faster access to the results, which will help to expedite treatment.

Stat Laboratory

Abdulrahman Sakhta,
MT(ASCP)
medical technologist



I'm looking forward to working in the Stat Laboratory in the new building. It's very exciting.

I really enjoy working at the Deaconess and think it's one of the best hospitals.

I'm very happy to be here. ”

—Abdulrahman Sakhta

“ The rooms have a beautiful design

—pastel colors accented
by a border of roses.

They are designed so that both patients in a double room
can have access to big, clear windows.

Patient Room

Vinnie Diaz,
patient care technician



I think that patients will be more comfortable being here.
I'm very excited.

The building is beautiful—
nice and warm, a lot bigger, and more updated.
It is just unbelievable. We needed a change.

And right now this is perfect. ”

—Vinnie Diaz

Building on a tradition of kindness

Architects and health-care providers alike know that a building exists not only as a collaboration among granite, mortar, glass, and steel, but also as a secure shelter under which human beings come together. For a hospital, it is not the building or the technology that provides medical care, but the people: doctors, nurses, support staff, and others. The Clinical Center was designed not only to house state-of-the-art technology, but also to enable care-providers to work more efficiently within an atmosphere that maximizes patient comfort and human dignity.

Benches line the long corridors, inviting patients, visitors, and staff to stop and rest comfortably for a moment without sensing the characteristic “rush” of an active medical center. In addition, spaces for patients to meet with their families have been thoughtfully designed. Several quiet and private family waiting areas can be found throughout the Center, particularly on the patient floors. Counters have been built low, reducing visual barriers so that patients can easily see the nurses, even from wheelchairs. Gowned patients waiting for imaging procedures have their own private area beside the radiology suites, away from the bustle of public corridors.

The architects were aware of the importance of preserving patient comfort and privacy, and designed the building’s functional aspects with this in mind. Patient elevators and hallways are clustered toward the interior of the facility, while signage directs visitors to corridors and public elevators near the periphery. This layout provides patients the freedom to move around without compromising their privacy. Such details, both large and small, are apparent throughout.

Deaconess Hospital patients, many of whom are older adults, suffer from complicated diseases requiring tertiary-level medical services, and great care was taken to create a supportive environment for this patient population. For example, soft and welcoming interior colors—mauve, rose, tan, turquoise, and other earth tones that do not present a glare—were chosen for the visual composition of walls, carpeting, floor tiles, and furniture. Many other elder-friendly details have been incorporated throughout the facility: thresholds and floors contrast minimally with other surfaces to prevent disorientation and tripping; and harsh, severe angles and shapes have been avoided both inside and out.

Expanding the frontiers of science

With expanded and updated operating rooms, intensive care units (ICUs), and radiology suites, the Clinical Center will enable Deaconess Hospital to maintain its position as one of the country's preeminent medical centers, allowing for the continued delivery of superior care well into the next century. Seventeen new and well-equipped operating rooms can now better accommodate the Hospital's growth over the past decade. A pod design was adopted to increase efficiency and to make inventory more readily available to adjacent surgical suites.

The pod is a self-contained, self-sufficient surgical environment; each is composed of four operating rooms that fan off from a central core support facility that contains supplies, sterilizers, and delivery systems. Most impressively, the size and design of the operating rooms permit flexibility in scheduling and preparing for surgical procedures. In addition, each pod is within proximity to an intraoperative radiation room.

A similar layout is incorporated into the intensive care units, where fifty ICU beds have been organized into six units—two surgical ICUs, two coronary ICUs, one medical ICU, and one cardiothoracic intensive care unit (CTIC). Although each is designed with a specific care need in mind, they all share common features: a central nursing station that allows staff to be in visual contact with virtually every ICU patient, avoiding the isolation people often feel with rooms at the end of a corridor; a medication room and nourishment station; and an isolation room with negative and positive air flow capability depending on the patient's condition and infection control needs. In addition, meeting rooms are available for quick clinical conferencing. In the CTIC, divider doors enable nurses to provide one-on-one nursing care or to move easily between two rooms.

Adaptability of space is a key concept in this building of the future. A post-anesthesia care unit (PACU) has been designed to manage patients pre-operatively along one side and post-surgically along the other. However, should the need arise, overflow from one side can easily be accommodated on the other.

The most advanced imaging equipment available has transformed the third floor of the Clinical Center into a focal point for the art and science of medical diagnostics. An impressive array of imaging equipment is housed in the Department of Radiological Sciences: three non-invasive vascular imaging rooms, six ultrasound areas, two angiography rooms, three flu-

“ The EBT scanner is a very good demonstration of how the Clinical Center is going to allow us to make that most of the

advances in imaging hardware.

We expect, on the basis of research we have already done, that this and other equipment will be a big improvement in allowing us to examine patients

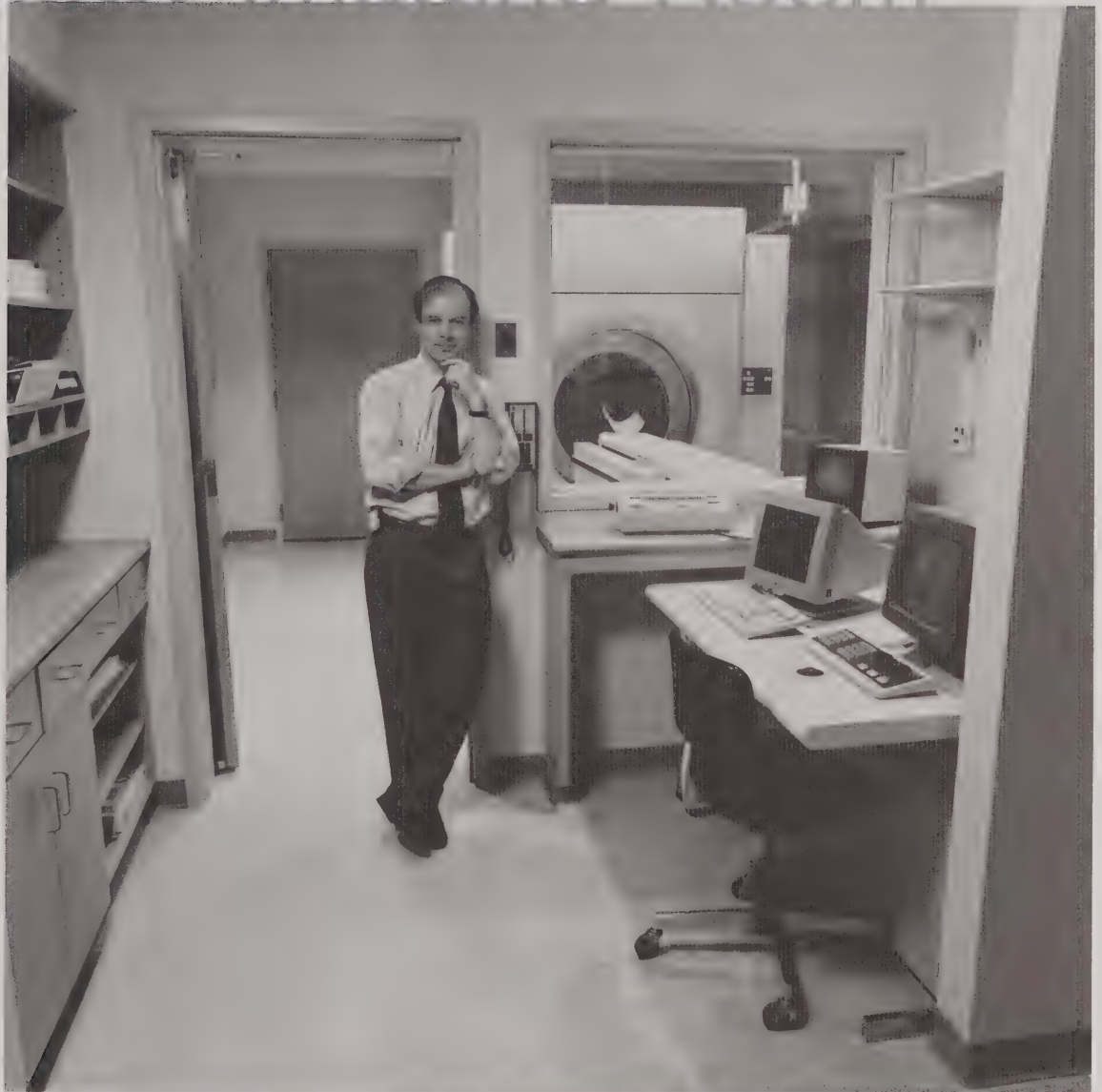
diagnose their disease sooner, and allow for treatment to be more successful

at an earlier stage.

For patients, the new technology will allow us to do conventional imaging faster and more safely, and produce better image quality with lower volumes of X-ray dose.

Radiology Imaging Room

George Hartnell, F.R.C.R.,
F.A.C.C., Director of
Cardiovascular Radiology



three-dimensional images, which are preferable to the two-dimensional images we are now able to provide. To perform more functional imaging, and to

obtain more information about how the body works.”

—George Hartnell

“ The new PACU will increase our patient-care area considerably to accommodate ventilators and other equipment.

The additional space will provide **more privacy for patients**

since they will not have to be so close to the person next door.

Everything will be standardized—

all units will have the same equipment.

Larger elevators will be an enormous help

for transporting patients and a real time saver for us.

Post-Anesthesia Care Unit



Maureen Montalbano, R.N.,
CPAN, staff nurse

Both patients and staff should find the

lighter and brighter colors uplifting. There is also some

natural lighting in the new PACU, which will be helpful for the staff as well as for patients in terms of keeping them oriented to time and place.

We'll also have music piped into the bedside, which should be nice.

From the beginning we were asked for our input as to what we would like to see in the new facility. We worked with different departments to identify all our problems.

Together, we created a very well organized, well-thought-out plan.”

—Maureen Montalbano

oroscropy rooms, three general radiology areas, and one mammography room, as well as a separate area for stereotactic mammography. In addition, the Department hosts an area designated for nuclear medicine, and two computed tomography scanners, one of which is a new electron beam tomography (EBT) scanner that can produce high-quality images in less than one second. The Deaconess is the first hospital in New England to use the EBT scanner for diagnostic testing. Two magnetic resonance imaging (MRI) units are located in the basement of the building. The greatest advantage of the new radiology suites is much more efficient organization and consolidation of services. For instance, the centralized resources make inpatient transport less complicated and access to other Hospital services such as the Pre-Admission Testing (PAT) clinic more readily available.

As commonplace in the clinical setting as the stethoscope, computers have become one of today's most essential medical instruments. Recognizing the importance of digital information technology, the design teams ensured that every workstation in the Clinical Center has been made computer-ready. Surgical suites are equipped with computers that aid in documentation, retrieve information about patient status, and schedule procedures in the ORs. In the future, bedside computer terminals will give caregivers immediate access to patient information in a clear and quickly understood format.

Computer access will become even more important as new information and scheduling systems come on line at the Hospital. A software application for scheduling and registering patients, called EPIC, was launched at the Deaconess this year. This adept database system will interface with ODISY, the on-line patient management system the Deaconess incorporated in the 1980s. EPIC provides a single view of a patient's ambulatory clinical schedule both in physician offices and outpatient clinics. It offers seamless efficiency in coordinating patient care and reduces costs in duplicated records and appointment book reconciliation. Built-in security features in both programs ensure that patient confidentiality is not compromised. Computers, once considered the cold, impersonal intermediaries standing between real people and their care-providers, now enable patients and doctors to come together easily, and to have more time for one another.

“ The design of the patient-care units will allow everyone, including

unit coordinators, to be more involved with the patients and their families.

“ Because the critical-care areas are so much bigger and all contain private rooms, we'll be able to

attend to patient needs more easily and to get at equipment faster. ”

—Jill Early

In the new setting, we will be in the center of all of the activity, enabling us to expand our roles and involvement as members of the health-care team. ”

—Jean Devlin

Intensive Care Unit



“ I think patients will feel safer knowing the nurses' station is right out in front, and that it is not far away.

I think families will also feel better about the way it's set up.

A lot of thought went into establishing private areas in the waiting rooms for families

and for physicians or nurses to speak with family members.

It seems to be perfect.

It is state-of-the-art.

It is going to be great. ”

—Maryanne O'Sullivan

“ The windows will make it easier to
keep the patient oriented.

If a patient is confused,
it is harder to orient them if
they can't see whether it is
day or night.

The windows will be nice for nurses, too.
It will be a pleasure to come in to work. ”

—Roberta Abber



“ The orientation of the nursing station will enable us to
see all of the patients

in almost every room,
so we can keep our
eyes on them at all times. ”

—Susan Evans

(left to right)
Jill Early, R.N., staff nurse
Maryanne O'Sullivan, R.N.,
staff nurse
Jean Devlin, unit coordinator
Susan Evans, R.N., staff nurse
Roberta Abber, R.N., C.C.R.N.,
staff nurse

A center for learning

As a major teaching hospital of Harvard Medical School, Deaconess Hospital is a center for medical training and education. The Clinical Center enhances this role because, for the first time, the Hospital has large educational facilities within its patient-care building. On the seventh floor of the Clinical Center a fully equipped lecture hall, large enough for conferences and symposia, is the centerpiece; the modern educational suite features audio-visual equipment linked to cameras located in the surgical area, enabling clinical experience to be shared with a broader group of students, residents, and fellows. It also has video conferencing and telemedicine capabilities which will enhance collaboration between the Deaconess and its network colleagues in both clinical and educational areas. These features not only enhance residents' and students' ability to learn about patient care at its most complex, but also enable faculty physicians to fulfill their roles as educators and mentors with greater ease and effectiveness.

Other physical and technological improvements that benefit patient care and provide learning opportunities have been incorporated into the building's design. Quiet, private resident on-call rooms are in proximity to the patients for whom the staff are responsible. In addition, computer workstations throughout the Hospital assist students in integrating the technological and clinical skills they are learning in Harvard Medical School's educational programs.

Over the past two years, interest in the residency training programs of the Hospital's academic departments has been particularly strong and the experience with the annual residency match exceptionally productive. These new educational facilities will allow the already strong academic programs to flourish in the years to come.

“Separate areas for ambulatory and critical-care problems will help us treat patients in a faster and more efficient manner, enhancing patient satisfaction and the quality of care that we are able to provide.”

—Janet Larson

Emergency Room

(Left to right)
Dan Curran, M.D.,
chief medicine resident
Janet Larson, R.N., CEN,
acting nurse manager (ER)
Gene Chang, M.D.,
chief medicine resident



“From the resident and physician's standpoint, the new ER will be a tremendous asset. We were cramped in our old quarters.”

Individualized spaces will provide for more privacy when we talk to patients

about a particular problem or issue.”

—Dan Curran

“The fact that each room is better equipped to handle specific diagnoses or groups of diagnoses will help facilitate resident teaching.

There will be more opportunities for one-on-one learning.”

—Gene Chang

 The restored Joslin Park is really beautiful—it's like a new front lawn for the Deaconess.

There is a paved walk, framed with brick to match the building, that travels through the middle of the park, enabling everyone—even those in wheelchairs—to use it. Before, there was a stone path which limited access for many.



Patients, family members, visitors, and staff can also enjoy the park from the inside: as many of the building's windows provide a view. There are brand-new, comfortable wooden benches for seating. In the summer, tall beautiful flower beds will add color.

I think people are going to enjoy the new and improved park. ”

—Mike Trzcinski



Deaconess
Hospital

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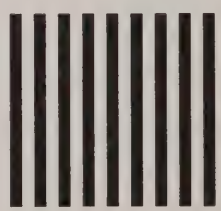
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Looking to the future

Deaconess Hospital already is recognized internationally for its expertise in many areas, including diabetes, cancer, heart and vascular disease, liver and kidney failure, and infectious diseases such as AIDS. Deaconess Hospital nurses also have gained an enduring reputation for their compassion and for creating innovations in the practice of nursing through research. The Clinical Center was designed to provide a physical environment where Hospital personnel can use their talents to the utmost, and where patients can be ensured access to the latest technological advancements.

The Clinical Center was built for the future, with 330,000 square feet of operational space that is both flexible and adaptable to meet changing needs. In this way, the facility itself will help shape and enhance future programmatic development of the clinical and academic departments, which have now come together in the first multispecialty group practice within the Harvard system. The Deaconess Professional Practice Group's renowned academic, clinical, and research programs provide a platform from which opportunities in patient care, in training of qualified professionals, and in developing new knowledge can come together to ensure the continued quality of care and value patients at the Deaconess expect.

But the new Clinical Center was also built for the past—to ensure that Mary E. Lunn's vision of a place “where science and kindness unite” remains a reality. The new construction is also a commitment to continue to provide quality health care. To the extent that the facility will let us provide tomorrow's care today, it also is an assurance that the future, like the past, will be characterized by dedication, expertise, enthusiasm, and pride.

As Deaconess Hospital approaches its centennial anniversary, the entire Hospital community—including caregivers, patients, supporters, and staff—can be immensely proud of this moment. This past year marks a turning point in the Hospital's history. For all who have given their effort, it is a time of opportunity, hope, and accomplishment, and for all those who stand to benefit from these efforts, it is a time of even greater promise.



The Deaconess Campaign: a new century of compassionate care

Four years ago when the Deaconess Hospital Board of Trustees, senior administration, and chiefs of medical service began to discuss what portion of the overall redevelopment program (Clinical Center and research facility construction) should derive from philanthropy, \$25 million was the suggested goal. Initial response to this fund drive, named The Deaconess Campaign, was so positive that a decision was made to increase the goal from \$25 million to \$35 million, earmarking \$10 million for the recently dedicated Clinical Center and \$25 million for a proposed research facility.

By the end of 1994, more than \$22 million had been raised against the overall \$35 million goal, clearly providing the required \$10 million for the construction of the Clinical Center, and supplying early and vital funds for the consolidation of research space as well.

This ground swell of support and participation is unprecedented in the history of Deaconess Hospital. Deep gratitude is extended to the many hundreds of individuals, corporations, and foundations for their help in the successful completion of phase one of The Deaconess Campaign. Yet, special recognition is required for the following efforts:

The Horace W. Goldsmith Foundation

This charitable foundation made an extremely generous gift in support of the Clinical Center construction very early in the Campaign. Not only did this gift provide tangible dollars to boost the drive's initial receipts, but it also served as an example to other local foundations and spurred additional leadership gifts.

Deaconess Medical Staff Practice Plans

Again, early in the Campaign, each of the Deaconess' medical staff practice plans provided substantial support to the Hospital. These gifts served to bolster giving among the trustees, corporators, and employees.

Corporate Campaign

Under the combined leadership of John P. Hamill and Robert J. Lepofsky, the Deaconess embarked upon a targeted campaign to solicit the corporate community in Boston. The success of this effort was far reaching, not only in terms of the total dollars raised from this sector—\$2 million—but also in the context of the new relationships forged with the Boston business community.

Employee Campaign

At the end of 1994, more than \$300,000 toward an overall goal of \$500,000 had been secured from Deaconess employees. As with the physician practice plan gifts, this level of participation sets new standards for internal support, and demonstrates a gratifying depth of commitment on the part of employees.

Grateful Patients

During the past two years, special emphasis has been placed on working with Hospital physicians to identify former patients who might be interested in participating in The Deaconess Campaign. This effort yielded some of the most generous gifts ever received by the Deaconess from individuals and renewed long-standing patient associations with many physicians.

The trustees of Deaconess Hospital, along with Colby Hewitt Jr. and Charles W. Schmidt, co-chairs of The Deaconess Campaign, extend grateful appreciation and deepest thanks to all those contributors listed below for ensuring the Campaign's success to date.

This list represents all contributors who made gifts of \$100 or more to The Deaconess Campaign through November 30, 1994.

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Deaconess Hospital

Condensed balance sheets

September 30, 1994 and 1993

(dollars in thousands)

In July 1994, the NEDH Corp. was reorganized and later renamed Pathway Health Network, Inc. These financial statements represent Deaconess Hospital only. Consolidated financial statements for Pathway Health Network, Inc., will be reported separately.

	1994	1993
Assets		
Current assets	\$ 93,292	\$ 101,234
Investments, etc. ¹	36,770	71,749
Property, plant, equipment, and other assets (net)	194,913	158,194
Total assets	\$ 324,975	\$ 331,177
Liabilities and fund balances		
Current liabilities	\$ 67,522	\$ 69,080
Other liabilities	35,863	39,928
Long-term debt	169,352	173,071
Fund balances		
Unrestricted	41,499	38,060
Restricted	10,739	11,038
Total fund balances	52,238	49,098
Total liabilities and fund balances	\$ 324,975	\$ 331,177

1. The reduction in investments represents a drawdown of construction funds for the new Clinical Center.

Deaconess Hospital

Condensed statements of revenue and expenses

September 30, 1994 and 1993

(dollars in thousands)

	1994	1993
Total revenue ¹	\$ 233,066	\$ 235,345
Total expenses ²	232,614	235,196
Income from operations before restructuring expenses	\$ 452	\$ 149
Restructuring expenses ³	2,738	—
Income (loss) from operations after restructuring	(2,286)	149
Non-operating gains	2,776	3,887
Revenue and gains in excess of expenses	\$ 490	\$ 4,036

1. Total revenue is reduced reflecting the impact of charity care net of reimbursement from the State's uncompensated care pool. The cost of net charity care provided by the Deaconess was \$2,052,000 in Fiscal 1994 and \$1,638,000 in Fiscal 1993.

2. Total expenses include monies spent in support of community outreach activities designed to provide financial and educational support for community health programs, and payments to the State's uncompensated care pool. In Fiscal 1994 the Deaconess spent \$2,119,000 on community outreach activities and \$7,996,000 to ensure access for all through the uncompensated care pool. In Fiscal 1993 the Deaconess spent \$1,343,000 on community outreach activities and \$8,877,000 for the uncompensated care pool.

3. Recognizing the changing health-care market, Deaconess Hospital implemented a major restructuring effort while preparing the Fiscal 1995 budget. This effort resulted in non-recurring costs for early retirement, transitional compensation, and outplacement services which have been reflected as restructuring expenses in Fiscal 1994.

Deaconess Hospital

Operating statistics
Fiscal years 1990–1994

	1990	1991	1992	1993	1994
Discharges ¹	12,897	12,324	12,822	12,512	11,683
Case mix adjusted discharges ²	21,022	21,813	23,592	23,538	21,730
Patient days	114,732	104,434	106,491	109,311	103,979
Average daily census	309	286	291	299	285
Average length of stay (days)	8.92	8.47	8.31	8.74	8.90
Case mix—all patients ³	1.63	1.77	1.84	1.87	1.86
Medicare case mix ⁴	1.85	1.92	1.99	2.07	2.04
Total surgical cases	7,610	7,477	8,178	8,416	7,875
Outpatient visits	33,475	33,843	38,703	40,982	47,834
Emergency room visits	5,863	6,260	7,601	7,702	7,186

1. The change in discharges in Fiscal 1994 is due in part to a reclassification by third-party payors of inpatient stays of less than twenty-four hours to an outpatient status.

2. Discharges multiplied by an intensity factor representing the severity of illness and relative resource consumption of caring for patients as determined by the Medicare program. This composite value is an estimate and subject to change due to payor audits.

3. Intensity factor representing the severity of illness and relative resource consumption of caring for patients as determined by the Medicare program as applied to all patients.

4. Same as Note 3, applied to Medicare patients only.

Deaconess Professional Practice Group, Inc.

Occasions of service¹

Due to the integral relationship between Deaconess Hospital and the Deaconess Professional Practice Group, the information below on physician services has been included.

	1990	1991	1992	1993	1994
Deaconess Surgical Associates	6,773	6,750	8,511	8,644	8,066
Deaconess Medicine	50,884	73,754	73,669	87,783	88,463
Deaconess Radiology Associates	84,317	85,760	91,242	94,857	87,076
Deaconess Pathology Associates	37,031	40,704	52,299	50,599	47,248
Deaconess Psychiatry ²			10,880	10,771	11,716

1. Occasions of service comprise the following: office visits, hospital visits, and consultations.

2. Deaconess Psychiatry joined the Physician Group in 1992.

Deaconess Hospital

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As of October 1, 1994

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Pathway Health Network

As of October 1, 1994

In July 1994, the NEDH Corp. was reorganized and later renamed Pathway Health Network, Inc.

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In addition to the clinical components listed here, the Network includes other related corporations. Information about these entities is available from:

Pathway Health Network Legal Department
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The Deaconess Hospital 1994 Annual Report was produced by:

Office of Communications
One Deaconess Road
Boston, Massachusetts 02215

Additional copies may be obtained by calling (617) 632-8046.

Acknowledgments

Text
John F. Lauerma
Terri L. Rutter

Design
John Kane

Main photography
John Earle (text)

Additional photography
Jerry Berndt
(Pathway Health)
Peter Vanderwarker (cover)

Printing
EMCO Printers

Distribution
Creative Professional Services

“ The new Clinical Center will certainly mean that we will have the latest

state-of-the-art equipment

and facilities for our patients.
which will be extremely important.

Upon entering the doors of the lobby, patients will be greeted by a very
warm, caring atmosphere, which will carry through to
Hospital personnel.

Welcome



The building exemplifies very, very beautifully the Deaconess motto,
where ‘science and kindness unite
to combat disease.’ ”

—Fran Klein

The next
challenge

Research

When The Deaconess Campaign was launched in January of 1992, its goal was to secure \$35 million in philanthropic gifts to support the construction of the Clinical Center (\$10 million) and a research facility (\$25 million). Three years into this five-year campaign, the \$10 million need for the Clinical Center has been met, and over \$12 million has been raised toward the \$25 million required to consolidate research laboratories on or near the Deaconess campus.

Early gifts in support of research have been received from trustees, corporators, corporations and foundations, and perhaps most important, from grateful patients. Significant commitments have been received from patients and their families who have already benefited from the research of physician-investigators in areas such as organ transplantation, diabetes, cancer, and AIDS. Likewise, major support has been received from individuals hopeful that their current investment in scientific research at the Deaconess will result in future advancements in the treatment of these same illnesses.

Without new, consolidated research facilities, however, the Deaconess's ability to continue to tackle some of the most challenging medical puzzles of our time will be severely impaired.

Now that the Clinical Center has been dedicated and is fully operational, The Deaconess Campaign will sharply focus its attention on research. The changing health-care environment makes it imperative that the remaining \$13 million needed in capital support for research is secured through philanthropy. At the same time, the Deaconess is also seeking direct programmatic support for research and community benefit activities.

For additional information about The Deaconess Campaign, please contact:

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In 1896 deaconess Mary E. Lunn established a fourteen-bed infirmary at 691 Massachusetts Avenue in Boston. By 1907 Deaconess Hospital had grown to fifty beds and moved to its current location, just off Brookline Avenue, where it presided alone over a cow pasture. Partnerships with the Joslin, Lahey, and Overholt clinics brought New England's sickest patients to Deaconess Hospital. An impressive list of accomplishments followed. A few are listed on subsequent pages.

With the construction of the new Clinical Center on Brookline Avenue, Deaconess Hospital has assured its place among preeminent medical institutions in Massachusetts for years to come. However, for the Hospital to remain a national and international center of medical knowledge, another integral commitment remains: to provide a strong fiscal base and an enhanced physical environment for research at the Deaconess.

When the Hospital formally affiliated with Harvard Medical School (HMS) in 1973, research became one of its primary missions. It is key to the recruitment and retention of world-renowned physician-scientists. It enhances institutional recognition; complements Deaconess academic programs; and ultimately leads to swifter identification of disease, more rational treatment and care, and increased hope for patients and their families. Currently, the Deaconess is the fourteenth largest recipient of federal funding for research, placing it in the top six percent of hospitals nationwide.

Consolidated research space in proximity to clinical services is essential to enhance communication and take full advantage of collaboration and the cross-pollination of ideas. Research laboratories close to Harvard Medical School would be ideal for collegial interaction. Their proximity to the Deaconess would allow physician-scientists to move easily from the Hospital to the research area, routinely making the trip from "bench to bedside." Deaconess management, physicians, and trustees have made a commitment to making this vision a reality with the creation of a consolidated research facility on or near the campus.

Laboratory research at the Deaconess is fundamentally directed toward the improvement of patients' health through discovering the causes of and new treatment methods for disease. Inquiries lead to the creation of new knowledge and encourage the constant reexamination of the ways in which care is delivered. Deaconess Hospital's

John Murray



When John Murray was transferred to the Deaconess from Deaconess - Nashoba Hospital in August 1994, he could not walk more than 100 yards—and had not been able to do so for at least six months. Although he did not realize the seriousness of his condition, Murray, a sixty-eight-year-old retired steam fireman with diabetes, was in danger of losing both legs according to his doctor, Frank LoGerfo, M.D., chief of Vascular Surgery, Department of Surgery, and Harvard Medical School (HMS) professor.

Murray had gangrene in one foot, an ulceration on the other, and he suffered from extremely poor circulation to his feet. While LoGerfo had to amputate all the toes on the gangrenous foot to rid Murray of the infection, he was able to save both legs by performing femoral dorsalis pedis bypass grafts to restore circulation to the feet. In this procedure, an artery in the patient's upper leg is connected to the small artery on the top of the foot—the dorsalis pedis artery. The graft creates a bypass around the blocked section of the artery, allowing normal blood flow to resume.

A leader in vascular foot surgery for diabetic patients, the Deaconess Hospital team has achieved a success rate higher than 90 percent with its bypass grafts. For the last fifteen years, LoGerfo has received funding from the National Institutes of Health to research ways to improve the outcomes of bypass grafts. "My overall goal is to prevent amputation of limbs for people with diabetes," he says. "In these times of uncertain ongoing federal support for research, private philanthropy is going to play a significant role in helping us continue to improve our already positive statistics. Research programs are important in keeping our clinical programs in the forefront of medical care."

Much of LoGerfo's research has focused on how the veins are handled in the operating room. "We have developed techniques to preserve the subtle biologic functions of the vein graft to prevent clotting," he explains. He also is investigating ways to improve artificial materials, which are sometimes used for bypass grafts.

Foot ulcerations, like Murray's, and the infections that can result from them are common among diabetic patients because the disease causes the kind of nerve damage that leads to neuropathy, or a lack of sensation. When these patients develop calluses or sensitive spots on their feet, they cannot feel them, so they do not do anything to relieve the pressure. Continued pressure can lead to ulcerations or other infections. The ability to reduce and contain this pressure can prevent many foot injuries, such as those experienced by Murray.

Toward that end, John Giurini, D.P.M., podiatrist, Division of Podiatry, Department of Surgery, and HMS clinical instructor, conducts research on foot pressures in diabetic patients both before and after surgery. Specifically, he has been studying the advantages of certain therapeutic socks that absorb and disperse pressure across the foot. "If you can reduce pressures, the chance of ulcerations is greatly reduced," he remarks.

Another way to reduce pressure in the partially amputated foot is to lengthen the Achilles tendon in the heel, a procedure Murray received at the same time as his bypass graft. "The Achilles tendon, which connects to a very powerful muscle complex, can become contracted and shortened, leading to high pressures at the ball of the foot," Giurini notes. "Lengthening the Achilles tendon relieves this contracture, reducing pressure on the front part of the foot."

Murray spent two weeks at the Deaconess following his surgery and was released to a nursing home, where he stayed for nearly three months. During this time, he had intensive physical therapy to learn how to walk again. A week after returning home, he reported that he was walking well with a cane and was awaiting delivery of a special shoe.

On the road to a full recovery, Murray says, "I'm very happy with the care I received at Deaconess - Nashoba, the Deaconess, and the nursing home. The doctors took the time to explain my situation to me and what my options were. And I can walk again."

1922
Dr. Howard Root administered the first insulin in New England in 1922 at Brodbeck Cottage—then the Hospital's facility for the care of diabetic patients—initiating a new era in treatment. The Diabetes Treatment Unit, opened in 1957 as a joint venture between the Deaconess and the nearby Joslin Diabetes Center, has led the nation in acute diabetic treatment and patient education.

1951
World-renowned Deaconess Hospital pathologist Dr. Shields Warren established the Cancer Research Institute (CRI) in 1951 and became its first director. The CRI was New England's first facility dedicated solely to cancer detection and treatment. Dr. Warren subsequently founded and directed the Shields Warren Research Laboratory, a research and treatment center for cancer and its causes.

1968
In 1968, Deaconess Hospital joined with Peter Bent Brigham and Boston Hospital for Women (now Brigham and Women's) and Beth Israel Hospital to form the pioneering Joint Center for Radiation Therapy (JCRT). Children's Hospital and Dana-Farber Cancer Institute joined later. In 1981 the country's first intraoperative radiation therapy unit was installed in a Deaconess Hospital surgical suite in collaboration with the JCRT.

Brian Rosenberg



Brian Rosenberg (left) and
Jerome Groopman, M.D.

In January 1991 Brian Rosenberg learned that he was HIV-positive. Symptom-free since he received the diagnosis, the twenty-nine-year-old has been on a regimen of medications intended to stave off the development of AIDS symptoms for as long as possible and to prevent opportunistic infections, such as pneumocystis carinii pneumonia and the different forms of herpes, that are common in patients with HIV.

Rosenberg, who spent several years working in the restaurant business, is now the HIV/AIDS Health Educator for the Living Well Series at Fenway Community Health Center in Boston. He also is on the speakers' bureau of the AIDS Action Committee. With all the medications he takes, Rosenberg has suffered no side effects and feels fine. "I'm in the best shape I've ever been in my life," he says. "I consider myself extremely lucky."

Rosenberg also considers himself lucky to be cared for by one of the country's leading AIDS physician-researchers, Jerome Groopman, M.D., chief of the Division of Hematology/Oncology, Department of Medicine at Deaconess Hospital, and Recanati Professor at Harvard Medical School. "My immediate attraction to Dr. Groopman was his affiliation with the Mapplethorpe Laboratory. I wanted someone who was at the forefront of AIDS research and knew all the latest treatments. When I met him, I thought he was wonderful. So did my partner and my parents," Rosenberg says.

The Deaconess is the largest care-provider in New England for people with HIV. Its Mapplethorpe Laboratory, established with an initial grant from the Mapplethorpe Foundation, has been a leader in AIDS research since its founding in 1990. The Hospital also has plans for opening another AIDS

research lab in the near future, to be called the Baker/Groopman Laboratory for AIDS Research, which will be housed in the Hospital's new consolidated research facility.

"There is a close relationship between clinical care and basic research in AIDS," Groopman explains. "In our multi-disciplinary lab, with expertise in genetics, molecular biology, cell biology, immunology, and virology, we can study the effects of novel treatments in patients to get a better understanding of how HIV destroys the immune system. We also can see how a specific intervention can improve the immune system and/or inhibit the reproduction of the virus.

"The real goal with Brian, as with all our patients, is to have them receive treatments that are effective in inhibiting the virus as soon as possible," Groopman continues. One such therapy which Deaconess researchers have been instrumental in developing involves a new family of drugs called protease inhibitors, which work against HIV by inhibiting the protease enzyme carried by the virus. "Pilot studies in patients show these protease inhibitors appear very promising. We hope they will be more widely tested."

Groopman and his colleagues also have embarked on what he calls a "radical approach to HIV"—gene therapy. HIV infection incorporates its DNA into the patient's own genes. Since the genes of HIV are known, scientists can construct "blocking genes" to be delivered to the infected cells, where they should be able to switch off the virus or genetically alter the cells to make them resistant to HIV. "We hope that in the not-too-distant future treatments like this will be provided to people like Brian and to all the patients we care for," Groopman says.

research efforts confront some of the most important illnesses of our time. Among the most significant programs and areas of inquiry are:

- Efforts to understand the mechanisms of and therapies for infectious diseases, including AIDS. Deaconess physician-scientists of worldwide renown—Department of Medicine Chairman and HMS Shields Warren-Mallinckrodt Professor Robert C. Moellering Jr., M.D.; Division of Hematology/Oncology Chief and HMS Dina and Raphael Recanati Professor Jerome Groopman, M.D.; and Division of Infectious Disease Chief and HMS Professor A. W. Karchmer, M.D., and many others—are well respected for their investigations into the biological dynamics of drug resistance, new therapies for AIDS and for infections specific to diabetics and organ transplant recipients, and regulation of the blood and immune systems.
- Innovative investigations in transplantation medicine and surgery, including the work of Fritz Bach, M.D., director of the Sandoz Center for Immunobiology and HMS professor, under the guidance of Chief of Organ Transplantation and HMS Professor Anthony P. Monaco, M.D. Current research at the Hospital concentrates on such problems as ways to circumvent the shortage of human donor organs through xenografts (cross-species transplants) and artificial organs as well as long-standing transplantation questions including the control of organ rejection.
- The pioneering and novel studies of the Departments of Surgery and Radiological Sciences and the Cancer Biology group, which have generated new therapies for solid tumors, particularly those of the liver and gastrointestinal tract. Research by Department of Surgery Chairman and HMS William V. McDermott Professor Glenn Steele Jr., M.D., carried out in collaboration with Dana-Farber Cancer Institute, has contributed to a major breakthrough in predicting the severity of colon cancer, offering patients new choices and treatment options.
- The significant work on prevention and treatment of heart disease carried out through the Division of Cardiovascular Medicine, the Institute for Prevention of Cardiovascular Disease (IPCD), and the Division of Cardiothoracic Surgery. James E. Muller, M.D., chief of Cardiovascular Medicine, HMS associate professor, and director of the IPCD, is a leader in discovering "triggers" of cardiovascular events, such as the role of daily fluctuations in the body's blood-clotting equilibrium. Sidney Levitsky, M.D., chief of Cardiothoracic Surgery and HMS David W. and David Cheever Professor, has been

a pioneer in developing techniques for preserving heart tissue competency during surgery, with a special focus on the elderly patient.

- The timely work toward understanding the barriers to and determinants of cell growth and development. In Deaconess laboratories, such as that of Arthur Sytkowski, M.D., director of the Laboratory for Cell and Molecular Biology and HMS associate professor, research programs are aimed at understanding the role of messenger molecules such as erythropoietin and of platelet and immune cell-stimulating factors in disease, and how genetically engineered versions of these substances could be used to treat illnesses.
- The ongoing scientific activities in the Deaconess's historical areas of expertise, such as the medical and surgical treatment of complications of diabetes; nutrition management under the leadership of Surgical Metabolism and Nutrition Chief and HMS Associate Professor George L. Blackburn, M.D., Ph.D., and Bruce R. Bistrian, M.D., Ph.D., chief of Medical Nutrition and HMS professor; and behavioral medicine under the guidance of Division Chief and HMS Associate Professor Herbert Benson, M.D.
- Research efforts performed by physician-scientists at the Joint Center for Radiation Therapy to develop new drugs to improve the efficacy of radiation therapy as well as programs to understand resistance to cancer treatment better.
- New inquiries in the broad field of gene therapy and how exploration and manipulation of genetic material may help researchers predict and direct patient outcomes. In particular, the work of David Scadden, M.D., director, AIDS Hematology/Oncology Research Unit, and HMS assistant professor, focuses on developing systems to enrich stem cells, the descendants of which constitute the full blood and immune systems; to molecularly characterize them; and to genetically manipulate them. Research in this area has the potential to protect cells from infections such as HIV; to expand cells, which may help benefit patients undergoing intensive therapy for cancer or leukemia; and to replace mutated genes in stem cells in people with genetic diseases.

Experience in modern biomedical research has taught us that the importance of communication cannot be overstated. Laboratories located within a single building foster the interdisciplinary exchange of ideas that has been so essential to medical breakthroughs. To enhance this collaboration, the new Deaconess research facility will

Fifty-seven-year-old Yvonne Zinfon is the first to tell you how fortunate she is. Diagnosed with primary biliary cirrhosis in 1988, she was told that she should think about having a liver transplant and was put on a special diet. A year later she wound up in the hospital, suffering from hepatic encephalopathy that was brought on, she learned later, by too much protein in her diet. Following her discharge, Zinfon was referred to Roger Jenkins, M.D., chief of Hepatobiliary Surgery, Department of Surgery at the Deaconess, and associate professor at Harvard Medical School (HMS). The Deaconess is a national leader in liver transplant surgery, performing approximately fifty such operations each year.

"From the first minute I walked into the transplant office, I knew I was in the best hands," Zinfon recalls. For nearly two years her condition was controlled for the most part by medication and diet. Throughout this period Zinfon remained at her very hectic job in the economics department at Harvard University. "Keeping busy and having the support of my family, friends, and colleagues helped me maintain my positive attitude," she says.

By 1991, the transplant could not be postponed any longer, and in August Jenkins replaced her diseased liver with a healthy one. "In the weeks before my surgery the whole transplant team really took the time to educate me," she says. "Not only did they answer the questions I had, but they also anticipated questions I had not even thought of." But what meant the most to her was Jenkins's pre-operative visit. "He made me feel so much better."

At the time of Zinfon's transplant surgery, the Deaconess was one of twelve medical centers in the United States involved in clinical trials of a new drug, FK506, an immunosuppressant

Yvonne Zinfon

used to prevent rejection of transplanted livers. These trials were led by principal investigator David Lewis, M.D., a liver transplant surgeon at the Hospital and HMS assistant professor. Now the Deaconess standard for preventing liver rejection, FK506, also known as Prograf, may reduce patients' postoperative hospital stays by nearly one week; in many cases it eliminates the need for expensive and poorly tolerated treatments for rejection, and it reduces the amount of steroids transplant patients require. "We've been using FK506 for four years. Early involvement in the development of this medication put us more than a step ahead of other centers," Lewis says. "And it really helps our patients." Before her surgery, Zinfon says Jenkins gave her the option of participating in the clinical trials of FK506 at the Deaconess or receiving a more commonly used immunosuppressant drug. Zinfon opted to participate in the study and was randomized to receive Prograf. She began taking it immediately after the operation. She has taken the medication ever since, has reported no side effects, and has never experienced any rejection of her transplanted liver.

"For postmenopausal patients like Yvonne, FK506 is the perfect drug," Lewis says. "These women are already at risk for osteoporosis, and steroids increase that risk significantly." Because she was treated with FK506, Zinfon's use of steroids following her surgery was very low. Studies like the one Zinfon participated in ultimately led the Food and Drug Administration to approve FK506 for clinical use in all liver transplant patients. Three and a half years following her liver transplant, Zinfon says she feels fine. "I have Dr. Jenkins, the entire transplant team, and the Hospital to thank for my life. I cannot say enough about them."



1983

Deaconess surgeons performed New England's first successful liver transplant in 1983, and today perform more liver transplants than all other Boston hospitals combined. The Deaconess now has the highest kidney graft survival rate in New England. A pancreas transplant program, an important service for people with diabetes, was initiated in 1988.

Deaconess Hospital initiated its groundbreaking research program into the causes and treatment of HIV infection. Physician-scientists throughout the Deaconess have contributed to this effort, and the Hospital today treats one out of four HIV-infected patients in Boston.

1993

Physician-scientists in Deaconess Hospital's Institute for Prevention of Cardiovascular Disease published pioneering studies in 1993 that identified precipitating triggers of cardiovascular events such as myocardial infarction.

make use of an "open laboratory" design, which breaks down barriers among workers in different disciplines, encouraging collegiality and cooperation among researchers with different areas of expertise. It also enables laboratories to share expensive equipment and other resources. Core components of the proposed research facility are:

- containment suites for studies with infectious agents.
- a laboratory for studies using magnetic resonance imaging/analysis.
- space for housing and caring for laboratory animals, including fully equipped surgical suites, radiology suites, and a dedicated area for transgenic animals.
- resources and space for initiatives in neurobiology, nephrology, non-diabetic endocrinology, rheumatology, nutrition, immunology, pathology, radiology, psychiatry, anaesthesiology, nursing research, and many other areas in which Deaconess Hospital investigators are working to enhance the quality of life for patients.

A consolidated research facility will provide the hub for investigation at the Deaconess. Currently, the Hospital makes use of research space at a number of sites which, while all located within or on the fringes of the Longwood Medical and Academic Area, tend to require redundancies in equipment, purchasing, material, and human resources. The advantages of consolidation, especially in areas such as biopolymer synthesis and nucleic acid sequencing, are great. The proposed facility also reflects in a tangible and prominent way the Deaconess commitment to research and academics.

The Hospital is reaching out to all its friends, supporters, patients, staff, and others who have been touched by the spirit of "science and kindness" to ask for their support both in making this research facility a reality and in continuing the development of programs. Patients worldwide are in desperate need of the contributions that Deaconess physician-scientists are poised to make through applied laboratory research in AIDS therapy, in cancer diagnosis and treatment, in the area of diabetic complications, in nutrition, in heart and other vascular diseases, and in the many other areas that Deaconess Hospital staff have chosen for their attention and time. We are asking the Deaconess Hospital community to come forward and support this important work and the dedicated, creative people who carry it out.

Laboratory

Laboratories such as those recently renovated for the Sandoz Center are advantageous for many reasons. There is a large amount of space. The equipment is all up-to-date and in most cases state-of-the-art. There is an open atmosphere: extensive bench and shelf space, and separate and dedicated rooms for viral and tissue culture and for radioactive work.

"If one looks at research conducted under the umbrella of a hospital such as the Deaconess, there are certain unique advantages such as the ability to bridge the gap which has developed during the last twenty years between aspects of clinical practice and specific scientific research. Physicians or clinical scientists at the Deaconess can go on ward rounds in the morning and see patients and the specific problems presented by their illnesses. Walking back to their laboratories, the researchers can further conceptualize the problems and determine how best to address these clinical issues at the bench in a scientific manner. One of the many attractions of the Deaconess is that it has an international reputation and provides numerous opportunities for interacting, sharing ideas, and developing concepts with many people from different scientific backgrounds."

Simon C. Robson, M.B.Ch.B., Ph.D.
associate scientist,
Sandoz Center for Immunobiology



The drawing shown here illustrates the type of laboratory space that will be a part of the Deaconess in the future.



**Deaconess
Hospital**

One Deaconess Road
Boston, Massachusetts
02215

A walk through
the future

The Clinical
Center

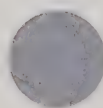
Designed with the older adult population in mind, the new Clinical Center incorporates many elder-friendly features to ensure a supportive atmosphere. Numerous benches are located throughout the building to allow people to stop and rest comfortably. Icons, artwork, and design elements serve as visual markers for those who have difficulty reading signage. Handrails are provided to assist people while large fixtures have wrap-around assistive grab-bars. Entrances to bathrooms are well lit. Muted colors that do not present a glare, such as mauve, tan, and turquoise, were selected for hallways and walls.

A pneumatic tube (computerized tubing system) connects nineteen locations within the building, including all nursing units, the Stat Laboratory, and the pharmacy, providing timely pharmacy delivery and immediate transport of lab specimens and paperwork. In approximately thirty-four seconds, lab samples and medications can be delivered to specific areas within the Clinical Center.

Since its founding in 1896, Deaconess Hospital has grown from a fourteen-bed hospital housed in a brownstone on Massachusetts Avenue to a 433-bed tertiary-care facility and major teaching hospital of Harvard Medical School. Although many changes have occurred throughout its history, the Deaconess has never wavered from its original mission to “unite science and kindness in combatting disease”—caring for and about patients remains the Hospital’s first priority.

The new Clinical Center was built to carry this tradition of outstanding care well into the twenty-first century. This 330,000-square-foot structure will serve as the technological hub for the Hospital and for Pathway Health Network.

What you see before you is the result of seven years of careful planning, design, and construction. Every detail, from the color and pattern of the carpets to the placement of elevator buttons and handrails, serves a purpose. The result is a building that houses the latest state-of-the-art technology, provides a modernized arena for Deaconess caregivers to continue practicing and enhancing their specialized clinical expertise, and continues to provide patients with the level of care they have come to expect.



Points of interest



Public access



Visitor elevators

Basement

A new elevator core in the Farr Building and an improved **underground tunnel system** connect the new facility to the Farr, Lowry, Meissner, and Cancer Research Institute buildings, providing easy access for patients as well as caregivers.

The basement level contains a suite for the Department of Radiological Sciences' **magnetic resonance imaging (MRI) units**. The new location simplifies the delivery of diagnostic care. Patients no longer have to cross Autumn Street on the opposite side of the campus to undergo MRI testing.



This level houses the central support area for the Hospital. **Materials Management** and the **Central Processing Department (CPD)** are located here. The CPD, which provides sterilization services for departments throughout the Deaconess, supports the operating rooms on the fifth floor of the Clinical Center via a dedicated case cart lift (an electric dumbwaiter). Instruments and supplies can be customized according to the type of operation and the surgeons who are performing the procedure.

First Level

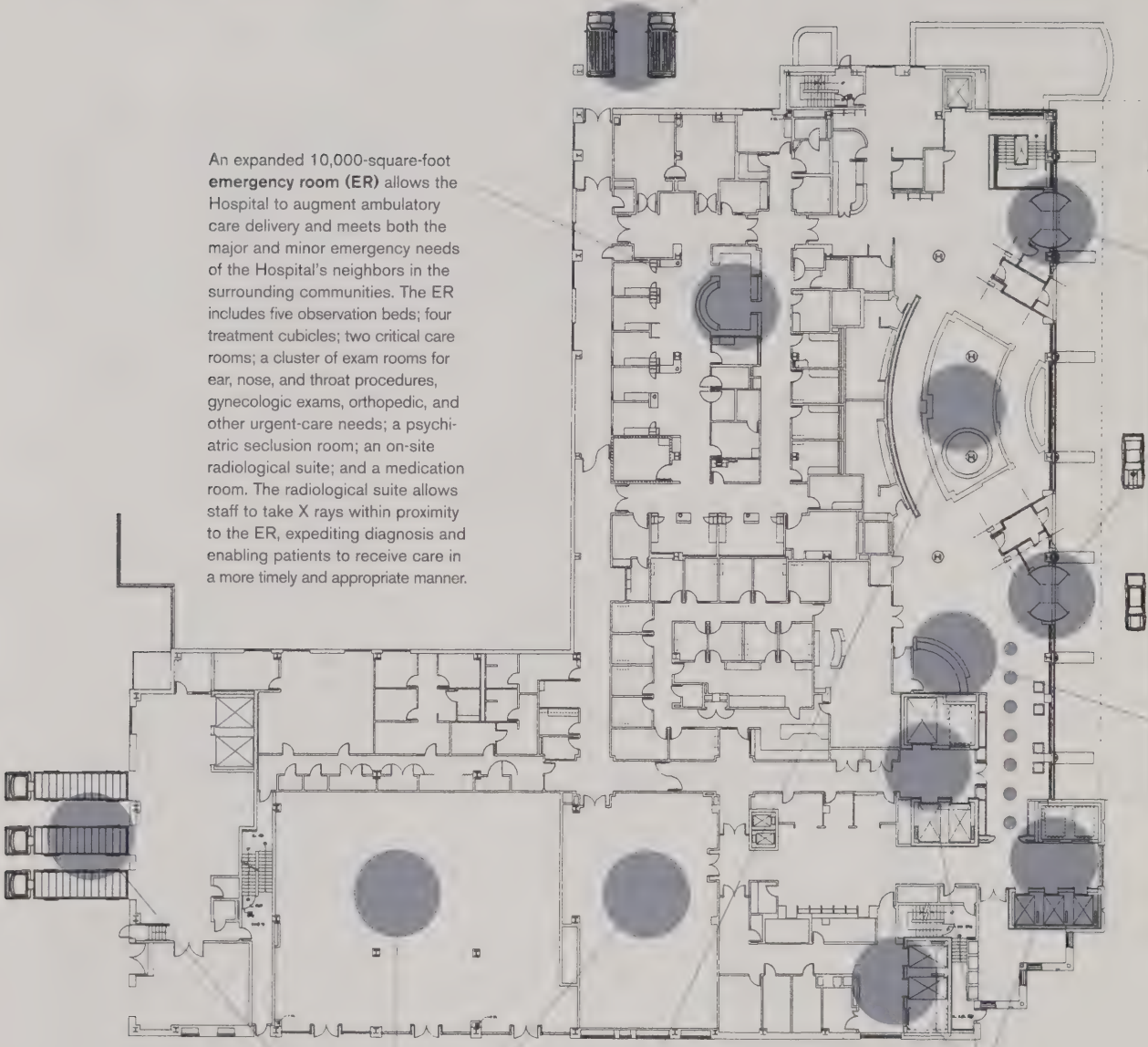
In an effort to maintain patient privacy, an **ambulance entrance** is situated off Pilgrim Road near the new emergency room. This entrance also serves patients who are transferred to the Deaconess.

An expanded 10,000-square-foot **emergency room (ER)** allows the Hospital to augment ambulatory care delivery and meets both the major and minor emergency needs of the Hospital's neighbors in the surrounding communities. The ER includes five observation beds; four treatment cubicles; two critical care rooms; a cluster of exam rooms for ear, nose, and throat procedures, gynecologic exams, orthopedic, and other urgent-care needs; a psychiatric seclusion room; an on-site radiological suite; and a medication room. The radiological suite allows staff to take X rays within proximity to the ER, expediting diagnosis and enabling patients to receive care in a more timely and appropriate manner.

The Hospital's **central loading and receiving dock** is located off Brookline Avenue, near Francis Street. The first level also includes 7,500 square feet of **retail space**.

An **indoor garden and fountain** add a sense of warmth and tranquility and integrate the inside of the Clinical Center with the outdoor beauty of Joslin Park.

Three separate elevator banks for patients, Hospital services, and the public are designed to maximize pedestrian traffic, maintain patient confidentiality, and improve the flow of services. Patient elevators and hallways are located toward the interior of the facility to provide patients with the ability to move about freely without compromising their privacy. Signage located throughout the building directs visitors to corridors and public elevators located on the periphery of clinical activity.



Two revolving doors, each fifteen feet wide, form the entrances to the new Clinical Center, which overlooks Joslin Park on Deaconess Road. The doors create an airlock between the interior and the exterior of the building, allowing the entryway to remain at a comfortable temperature, a particularly important feature during the cold winter months. Special safety mechanisms monitor the speed of the doors' rotation and sense the movement of those within. Doors are wheelchair accessible and have a special button to slow rotation if necessary. Standard swing doors are also located on either side.

Inside the lobby, patients and visitors encounter a prominent information desk.

**Materials used to build
the new eight-story
Clinical Center include:**

**Tons of structural steel
3,900**

**Cubic yards of concrete
17,000**

**Length of plumbing piping
77,000**

**Number of ceiling tiles
75,000**

**Number of bricks
24,000**

**Length of electrical wire
140 miles**

**Number of stairs
600**

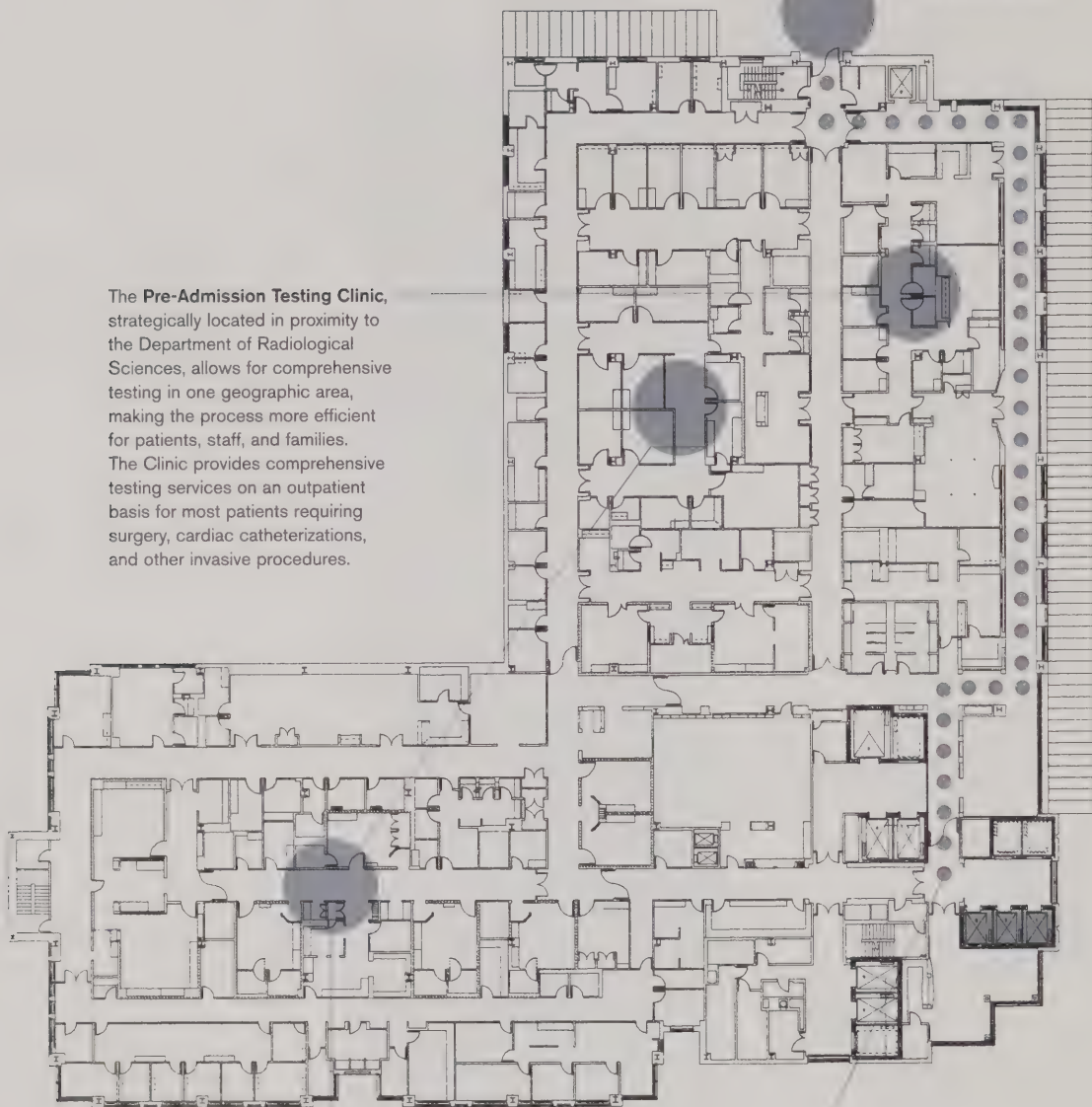
**Number of light fixtures
9,000**

The second level is a partial floor, a portion of which will house a large conference room as well as two or three smaller conference areas.

Third Level

The five aerial pedestrian bridges between the new Clinical Center and the Farr Building are designed to facilitate transportation. They link the Farr Building with the Clinical Center at levels three through seven.

The **Pre-Admission Testing Clinic**, strategically located in proximity to the Department of Radiological Sciences, allows for comprehensive testing in one geographic area, making the process more efficient for patients, staff, and families. The Clinic provides comprehensive testing services on an outpatient basis for most patients requiring surgery, cardiac catheterizations, and other invasive procedures.



The third level features an expanded 50,000-square-foot **Department of Radiological Sciences** and includes some of the most advanced imaging equipment currently available for medical diagnostics, including X-ray, mammography, ultrasound, and nuclear medicine equipment. The Department also houses an electron beam tomography (EBT) scanner, a new, state-of-the-art rapid computed tomography (CT) scanner, which can produce

high-quality images in less than one second. The Deaconess is one of the first hospitals in New England to use this scanner for diagnostic testing. Specialized procedures, such as angiography, are also performed on this level. Private waiting areas for patients awaiting imaging procedures are adjacent to the radiology suites, away from the busy Hospital traffic.

The **public concourse**, which runs along the front of the building at this level and overlooks Joslin Park, is intended to serve as a direct link between the elevator core and other Hospital buildings. In the future, it will extend through the Farr Building to the Pilgrim Road Garage and the Audrey Kennedy Ambulatory Care Center, creating a one-level public access route and eliminating the need for patients, visitors, and staff to cross streets or walk through tunnels.

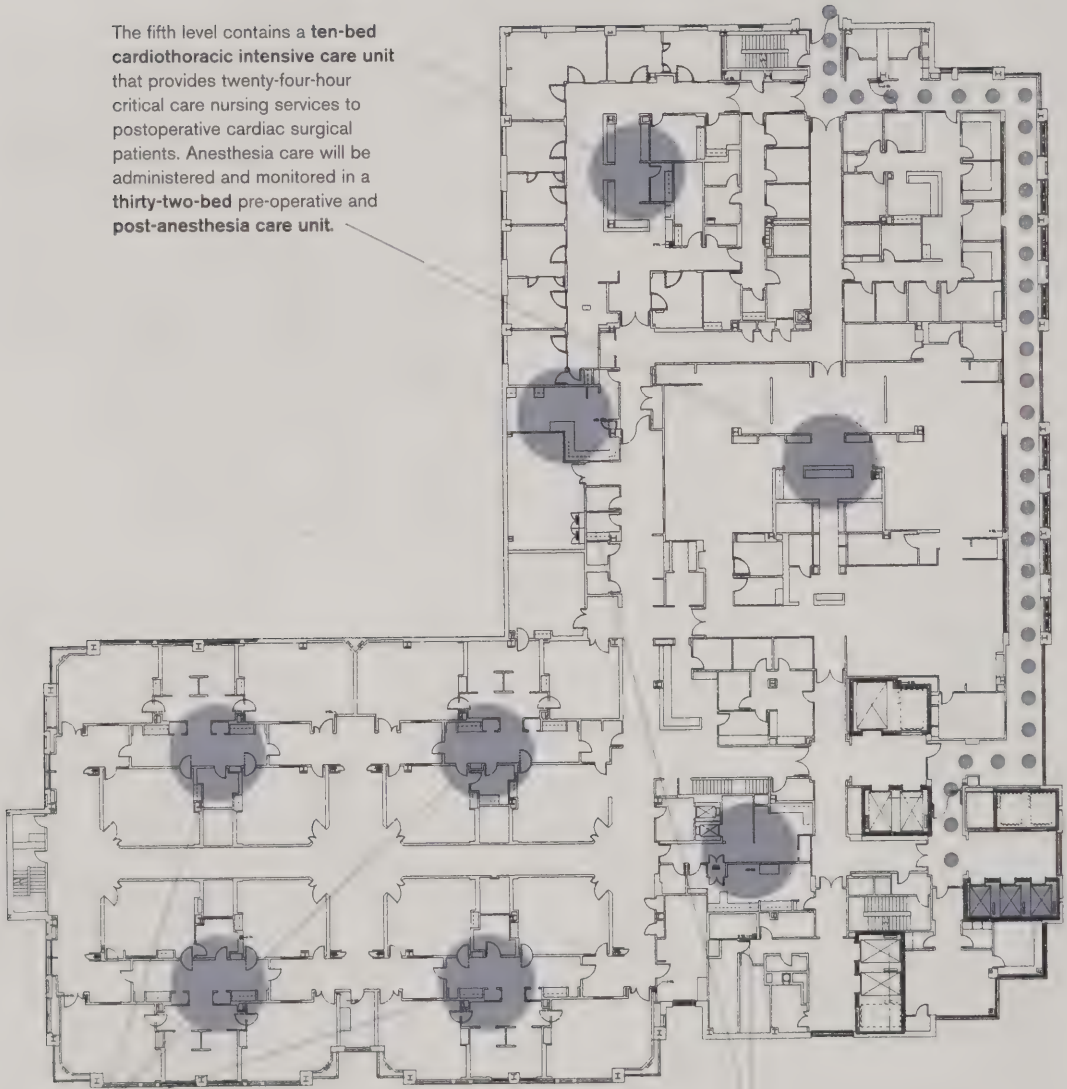
Fourth Level

The fourth level is a partial floor that serves as the center of activity for the surgical staff, housing lockers, changing areas, and staff lounges for physicians, residents, and nurses. **Offices for the Department of Anaesthesia** are also located on this level. A small staircase in the middle of the locker room area connects this level to the one above, providing all staff with quick access to the surgical suites.



Fifth Level

The fifth level contains a **ten-bed cardiothoracic intensive care unit** that provides twenty-four-hour critical care nursing services to postoperative cardiac surgical patients. Anesthesia care will be administered and monitored in a **thirty-two-bed pre-operative and post-anesthesia care unit**.



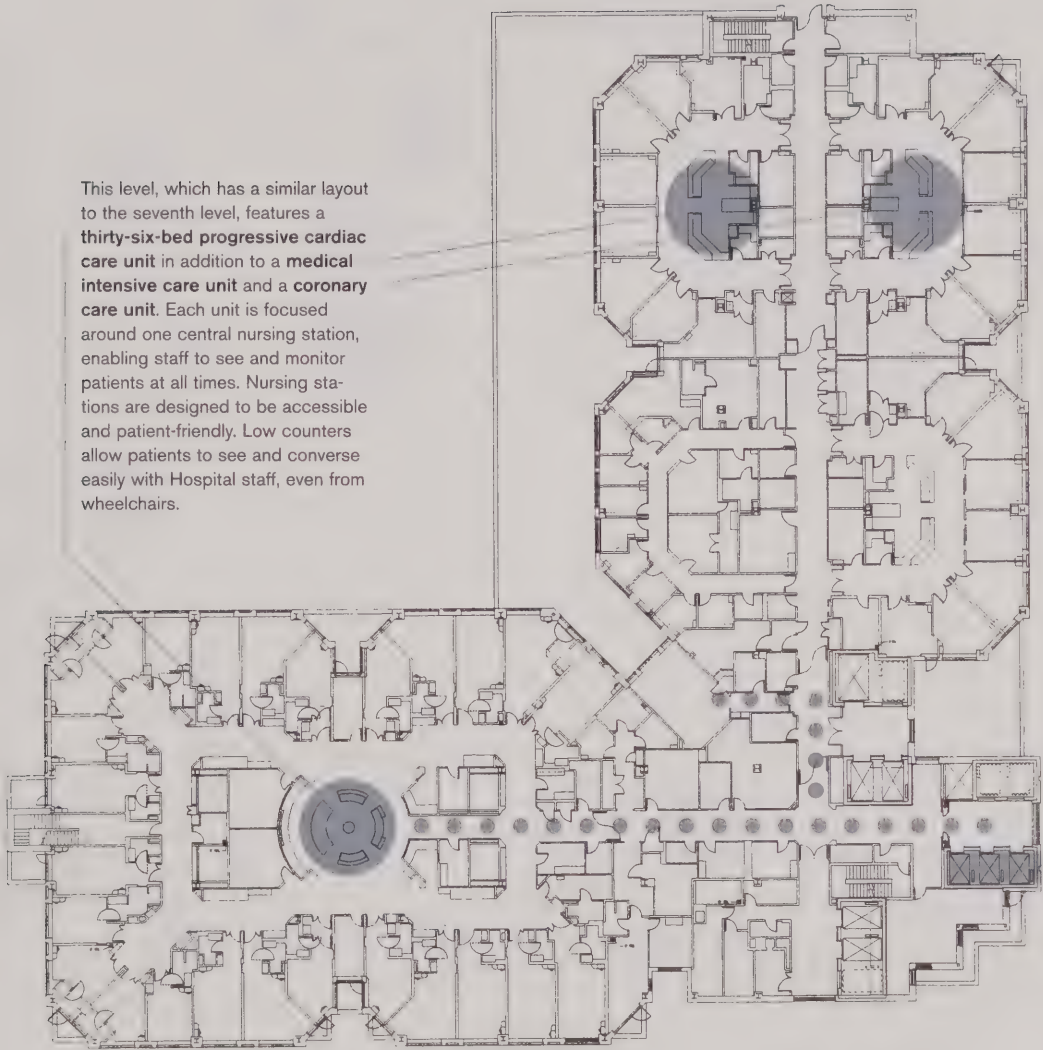
The **surgical suites** occupy most of the fifth level. Seventeen state-of-the-art operating rooms (ORs), organized by areas of specialization, are located here: four rooms are designated for cardiothoracic procedures; eight rooms for general surgical cases, including transplantation, orthopedic/neurosurgery, and intraoperative radiation; and five ambulatory surgery rooms for cystoscopy, and ear, nose, and throat, and eye procedures. The OR space is actually a cluster of four "pods"—self-sufficient surgical environments containing sinks, supplies, and equipment. The new ORs range in

size from 400 to 600 square feet, providing surgeons with the space necessary to perform the intricate procedures typical of a tertiary-care facility. Surgical rooms are furnished with the most advanced technology, including enhanced video systems and computer workstations that speed the transfer of clinical data and materials to and from remote sites. A computerized workstation for nursing staff allows for increased access to operating room schedules and time-tracking procedures necessary for maintaining an efficient patient flow.

A **frozen section Pathology Laboratory** to expedite analysis of tissue resections and a **Satellite Pharmacy** to serve the needs of the operating rooms are also located on this level. The pharmacy provides the opportunity for case-specific pharmaceutical supplies to be requisitioned and supplied on site.

Sixth Level

This level, which has a similar layout to the seventh level, features a **thirty-six-bed progressive cardiac care unit** in addition to a **medical intensive care unit** and a **coronary care unit**. Each unit is focused around one central nursing station, enabling staff to see and monitor patients at all times. Nursing stations are designed to be accessible and patient-friendly. Low counters allow patients to see and converse easily with Hospital staff, even from wheelchairs.



Each intensive care unit (ICU) has an isolation room with negative and positive air flow capabilities depending on the patient's isolation needs. The spacious, private ICU rooms better accommodate equipment such as ventilators and hemodialysis machines. Bedside computer terminals give caregivers immediate access to patient information.

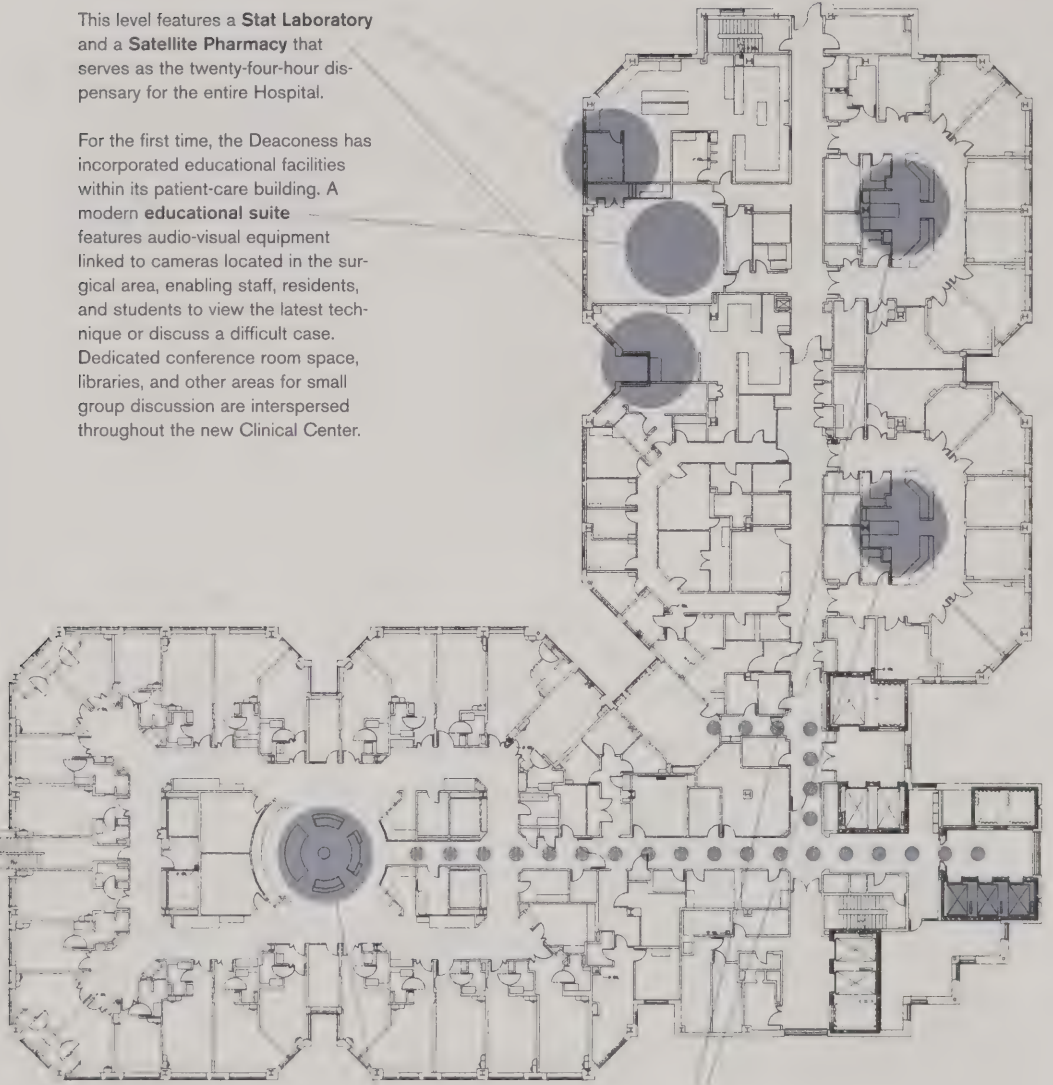
Patient rooms are designed to be as comfortable as possible without impeding functionality. Beds are positioned to provide views of the outdoors. Individual clocks and calendars, and coordinated closets, shelves, and bulletin boards enable patients to add a personal touch to their rooms. To create a peaceful and respectful environment, all lighting is subdued.

Storage, conference, and teaching rooms are self-contained within each unit. Additional storage and teaching rooms are located in the support area, adjacent to each unit.

Seventh Level

This level features a **Stat Laboratory** and a **Satellite Pharmacy** that serves as the twenty-four-hour dispensary for the entire Hospital.

For the first time, the Deaconess has incorporated educational facilities within its patient-care building. A modern **educational suite** features audio-visual equipment linked to cameras located in the surgical area, enabling staff, residents, and students to view the latest technique or discuss a difficult case. Dedicated conference room space, libraries, and other areas for small group discussion are interspersed throughout the new Clinical Center.



The seventh level hosts a **thirty-six-bed general medical/surgical unit**, and two **eight-bed surgical intensive care units**. Each unit is designed in the same configuration as those on the sixth level.

Also known as the mechanical floor, the **eighth level** houses the heating, ventilation, and air conditioning equipment for the Clinical Center. More than 69,000 feet of HVAC pipe supports heat and air conditioning systems throughout the building.

The Clinical Center reflects the hard work of many people, including employees from every Hospital department and the medical and nursing staff, as well as designers, construction personnel, and architects. This facility exemplifies the long-standing collaborative spirit at the Deaconess that will allow the Hospital to continue its tradition of providing excellent patient-centered care well into the twenty-first century.

Special thanks to Kermit (Kip) McClelland, Bud Jennison, Dennis Monty, and Nancy Wilkinson for their expertise, enthusiasm, and tireless dedication to this project.



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